United Nations A/65/226

General Assembly

Distr.: General
4 August 2010

Original: English

Sixty-fifth session
Item 65 (b) of the provisional agenda*
Promotion and protection of the rights of children: follow-up to the outcome of the special session on children

Follow-up to the special session of the General Assembly on children

Report of the Secretary-General

Summary

At the commemorative high-level plenary meeting of the General Assembly held from 11 to 13 December 2007, Member States reaffirmed their commitment to the full implementation of the Declaration and the Plan of Action contained in the outcome document of the twenty-seventh special session of the Assembly, entitled "A world fit for children", adopted by the General Assembly in its resolution S-27/2 (see annex).

The present report has been prepared in response to the request of the General Assembly to the Secretary-General, in its resolution 59/261 of 23 December 2004, to prepare an updated report on progress achieved in realizing the commitments set out in "A world fit for children", with a view to identifying new challenges and making recommendations on actions needed to achieve further progress.

Using the best data available at the time of writing, the report assesses the steps taken in 2009 to achieve the goals set out in "A world fit for children" and highlights gaps and the strategic shifts necessary to meet unmet goals. During the year under review, the global economic crisis posed unique challenges, which threaten to halt or reverse progress in achieving "A world fit for children".

The present report notes that failure to achieve the goals of the document "A world fit for children" will significantly undermine efforts towards realizing the aspirations of the Millennium Declaration and the Millennium Development Goals by 2015. It calls for a scaled-up response by Governments to the maximum extent of their capacities, as well as increased commitments from the international community and stronger partnerships, to fulfil the goals of the outcome document.

* A/65/150.

10-47646 (E) 010910

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I. Introduction

1. The Millennium Summit (2000) and the twenty-seventh special session of the General Assembly on children (2002) set the global goals for social and child development. The outcome document of the special session, "A world fit for children" begins with a Declaration, outlining four themes in securing the well-being of children: (a) promoting healthy lives; (b) providing quality education; (c) protecting against abuse, exploitation and violence; and (d) combating HIV/AIDS. Five years after the adoption of the outcome document, the General Assembly convened a commemorative plenary meeting in December 2007 to review the outcome and progress made in implementing the Declaration and the Plan of Action of "A world fit for children".

2. The present report follows previous reports[1] and assesses the progress made during 2009 in achieving the goals of "A world fit for children", many of which correspond to the Millennium Declaration and the Millennium Development Goals, almost all of which address and relate to the rights of children.

3. Globally, the total number of children dying before the age of 5 declined from 12.5 million in 1990 to 8.8 million in 2008. However, in developing countries, an estimated 195 million children under the age of 5 still suffer from stunting; more than half a million mothers still die annually as a result of childbirth; some 69 million children of primary school age are still out of school (53 per cent of them girls); and far too many children are subject to violence, exploitation and abuse. At the same time, reversing or halting the spread of HIV/AIDS by 2015 remains a major public health and human rights challenge.

4. The volatility in food and fuel prices and the international economic slowdown starting in mid-2008 affected all regions in 2009. Combined with global issues, such as migration, urban expansion and climate change, the economic crisis has created significant challenges to achieving the Millennium Development Goals and to fulfilling children's rights. Increased competition for resources is taking place in a world under stress with a burgeoning population, potentially exacerbating inequalities in income and access to basic social services.

5. Advocacy and awareness of child protection issues have increased markedly. By giving high priority to children's rights, many Governments are continuing their struggle for adequate budgets. They are also pursuing comprehensive social protection policies, responsive social services and revision of justice measures for children, as well as enhancing the skills of personnel as part of their strategies to ensure a protective and conducive environment for children.

[1] A/58/333, A/59/274, A/60/207, A/61/270, A/62/259, A/63/308 and A/64/285.

II. Follow-up to the special session of the General Assembly on children

A. Planning for children

6. With the ongoing economic slowdown, analytical work on structural poverty and the immediate effect of shocks on children and women has gained prominence. Some 50 countries are in the process of undertaking national studies on child poverty and disparities, highlighting where the most vulnerable children live and how national policies and interventions could support them better. Findings are being used to more effectively engage Governments and development partners to advance policies to protect children, detailing policy options informed by the emerging evidence. At the global level, the reports of the Global Pulse[2] initiative have helped make the voices of vulnerable children and families heard in the highest political forums, including meetings of the Group of Twenty (G-20) leaders.

7. A number of national poverty reduction strategies and poverty assessments have made use of recent data from household surveys, such as Multiple Indicator Cluster Surveys and demographic and health surveys, in order to ensure that the latest estimates on the various aspects of the rights of children are adequately reflected. In 2009, it was estimated that in 82 countries, the national development plans, poverty reduction strategies or the equivalents addressed key challenges faced by children.[3] Regulatory, legal, institutional or financial reforms were undertaken in 94 countries to address children's issues more effectively. In November 2009, in *The State of the World's Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child*, UNICEF assessed the impact of the Convention on children's well-being and development during the past two decades and highlighted priority actions to ensure that the promise of the Convention on the Rights of the Child become a reality.

8. It is estimated that, by 2030, the urban population will reach 5 billion, or 60 per cent of the world population, and that 60 per cent of them will then be children under the age of 18 years. A major proportion of urban dwellers live in slums, with the total number estimated to reach 1.4 billion by the year 2020. An urgent challenge is to adjust national programmes in such a way as to best deliver results for children and protect their rights in urban contexts, with a particular focus on the poorest and most vulnerable.

9. In addition to disparities by gender, region, urban/rural divide, household income, disability and mother's education, of growing concern during recent years are the increasing disparities based on ethnicity, with numerous studies indicating widespread neglect of the rights of children belonging to minorities and indigenous populations. The global food, fuel and financial crises that erupted in 2008 led to a worldwide recession and tightening of national budgets in 2009. This has led to widespread concern that disparities in the access to basic social services will prevent children belonging to the most vulnerable communities and families from realizing their rights to survival and development.

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[2] The Global Pulse initiative was formerly called the Global Impact and Vulnerability Alert System (GIVAS).

[3] See E/ICEF/2010/9.

B. Promoting the processes of the Convention on the Rights of the Child

10. November 2009 marked the twentieth anniversary of the Convention on the Rights of the Child, a major milestone in the historic effort to achieve a world fit for children. With its four core principles — (a) non-discrimination; (b) the best interests of the child; (c) the right to life, survival and development; and (d) respect for the views of the child — the Convention has transformed the way children are viewed and treated throughout the world. The requirement of States parties to the Convention to report regularly to the Committee on the Rights of the Child continues to ensure that Governments are responsive and held accountable for progress, and has supported marked advances in child survival, development, protection and participation around the world. In a two-day celebratory event held in Geneva in October 2009, the Committee highlighted the three significant challenges to full implementation of the Convention: (a) ensuring the dignity of the child; (b) providing the child with full possibilities for development; and (c) facilitating dialogue between adults and children in accordance with the participatory approach of the Convention. It was also an occasion to evaluate the status and implementation of the Convention, after 193 ratifications and 17 years of reporting, and to identify priority recommendations for the future, taking into consideration the two Optional Protocols to the Convention.[4]

11. Although most Governments continue to move to ensure better compliance with the Convention on the Rights of the Child, efforts must be increased to ensure the rights of all children, especially the world's poorest girls and boys. The focus on the twentieth anniversary of the Convention represented an important reminder of the need to bridge the gaps that isolate and impoverish the most disadvantaged children, such as those belonging to minority and indigenous groups and children with disabilities.

12. In 2009, legislative reform and policy measures continued to be emphasized in many countries in all regions, lending further support to the Convention on the Rights of the Child. There was a continued shift from a traditional sense of "juvenile justice" to justice for children, a perspective — beyond children in conflict with the law — that considers all children who come into contact with justice and related systems as victims, witnesses or alleged offenders, or for other reasons, such as care, custody, or protection. Furthermore, roughly 40 countries from all regions took steps to implement the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime,[5] leading to new or amended legislation on children in conflict with the law, with a focus on reducing the number of children in detention.

13. To date, some 137 countries had ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography,[6] and 132 had ratified the Optional Protocol to the Convention on

[4] These are the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on the sale of children, child prostitution and child pornography.

[5] See Economic and Social Council resolution 2005/20.

[6] General Assembly resolution 54/263, annex II (United Nations, *Treaty Series*, vol. 2171, No. 27531).

the Rights of the Child on the involvement of children in armed conflict.[7] There was also progress in the reporting and monitoring process of the Convention and in implementing the actions recommended by the Committee on the Rights of the Child. In May 2010, the Secretary-General participated in the launch of a United Nations campaign for the universal ratification of both Optional Protocols by 12 February 2012, the tenth anniversary of the entry into force of the protocols. The campaign is promoted jointly by the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Human Rights, the Committee on the Rights of the Child, the Special Rapporteur on the sale of children, child prostitution and child pornography and the Special Representative of the Secretary-General on violence against children.

14. In June 2009, the Human Rights Council decided to establish an open-ended working group to explore the possibility of elaborating an optional protocol to the Convention on the Rights of the Child to provide a communications procedure complementary to the reporting procedure under the Convention. At its first session in December 2009, the working group held a general debate, followed by expert presentations and discussions on five topics, including the reasons and timing to elaborate a communications procedure under the Convention, as well as the implications and feasibility of such a procedure.

15. In March 2010, during its thirteenth session, the Human Rights Council held its annual full-day discussion on the rights of the child, focusing on the fight against sexual violence against children. It held one panel discussion on manifestations of sexual violence against boys and girls and another on protecting boys and girls from sexual violence through prevention and response.

C. Collaboration and leveraging resources for children

16. Since the adoption of the Millennium Declaration, and as part of the effort to reduce poverty, donors have increasingly allocated official development assistance (ODA) to basic social services, such as health and education. These efforts have yielded tangible results in many areas, most notably in health.

17. At their meeting in 2009, the G-20 leaders reaffirmed their commitments to achieving their ODA pledges. They agreed to provide an additional $50 billion to support social protection, boost trade and safeguard development in low-income countries and committed $6 billion in additional concessional and flexible funding to poor countries over the next two to three years.

18. However, the slowdown in economic growth since 2008 has reduced expected levels of gross national income in the developed countries and the dollar value of the commitments pledged for 2010. While the majority of the initial commitments remain in force, some large donors have reduced or postponed the pledges they made for 2010.

19. Partnerships with foundations, non-governmental organizations and global programmes have further expanded in 2009, providing opportunities to leverage additional funding for children worldwide. Among the major contributors were

[7] General Assembly resolution 54/263, annex I (United Nations, *Treaty Series*, vol. 2173, No. 27531).

Rotary International, the Bill and Melinda Gates Foundation, the GAVI Alliance, the Canadian Micronutrient Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

D. Monitoring progress

20. In 2009, UNICEF supported 73 countries in their efforts to collect data and analyse the situation of children and women. At the global level, in-depth statistical analyses on a range of issues contributed to a series of sector-specific reports, including those on diarrhoeal disease, malaria, child and maternal nutrition, access to safe drinking water and sanitation, and HIV/AIDS. The Secretary-General issued the *Millennium Development Goals Report 2010*, analysing progress from many countries on indicators relating to the lives of children and women.

21. The fourth round of Multiple Indicator Cluster Survey was launched in 2009; some 26 countries have already confirmed their participation, with another 24 expected to participate in the Survey. Several countries have moved to a triennial survey cycle to obtain more frequent coverage and impact estimates. The Survey introduced new data collection modules on early childhood development, early childbearing and hand washing. A global partnership was established with the demographic and health surveys, in order to harmonize survey tools.

22. The common United Nations database, DevInfo, has been adopted worldwide as a tool to organize, display and analyse standardized human development data. DevInfo 6.0 was rolled out in 2009, introducing new data presentation methods, enhanced web collaboration and extended mapping. Some 20 partner agencies and 132 national statistical offices have now adapted the technology. An evaluation completed in 2009 highlights the role of DevInfo in establishing national repositories of human development data, including many indicators relating to children and its contribution to data standardization.

E. Participation and self-expression of children

23. In 2009, children and young people were actively involved in global advocacy events and campaigns to promote children's rights and meaningful participation in decision-making. Children and young people's views and opinions have been gathered through several youth opinion polls, particularly in the Middle East, Central and Eastern Europe and the Commonwealth of Independent States. Participatory surveys have also been conducted in many countries on knowledge, attitudes and practices, covering youth civic engagement, attitudes towards political and social participation, and media utilization to better inform public policies.

24. Youth parliaments and direct involvement in media have further increased the role of children and adolescents and their participation. These initiatives, such as Voices of Youth, have become catalysts for social inclusion and the development of related policies while fostering the participation of children from residential institutions, homeless children and children with disabilities.

25. New technologies are increasingly becoming key tools to promoting adolescents' participation. The Speak Africa Campaign for No Violence Against Children and Youth, designed to solicit youth views, ideas and solutions through an

online and mobile platform, has made steady progress in many countries in sub-Saharan Africa. For instance, in northern Uganda, where youth have experienced particular hardship and lack of access to basic services, education and employment opportunities, wireless and low-cost platforms are being used to reconnect them with other Ugandan adolescents around the globe. Furthermore, in Turkey, through advocacy efforts, the Child Rights Committee of the Turkish Parliament established an interactive web page through which adolescents can confidentially contact committee members directly.

26. The Junior 8 (J8) Summit was held in Rome in July 2009. During the week-long meeting, the J8 participants (altogether 54 adolescents aged 14-17) produced an outcome document and action plan, which they followed up on upon their return to their respective countries. A face-to-face meeting took place between selected J8 participants and the Group of Eight (G-8) leaders and the leaders of Brazil, China, Egypt, India, Mexico and South Africa.

27. In September 2009, children participated in the Summit on Climate Change at the United Nations in New York. UNICEF, in collaboration with the Secretary-General's Climate Change team, the United Nations Framework Convention on Climate Change, the World Bank and non-governmental organizations, developed a participatory process for 13 international adolescents to make a presentation to the heads of States and Governments at the Summit. Over 160 children from 44 countries participated in the Children's Climate Forum organized in preparation for the Fifteenth Conference of the Parties to the United Nations Framework Convention on Climate Change. Children engaged in dialogue, negotiations and lobbying during the Convention, in order to advocate for environmental protection and safe use of natural resources, highlighting the detrimental impact of climate change on future generations.

28. In August 2009, some 550 children with their chaperones and 200 youths from 106 countries gathered in Daejeon, Republic of Korea, to participate in the 2009 Tunza International Children and Youth Conference organized by the United Nations Environment Programme. Emphasizing the theme "Climate Change: Our Challenge", the participants demonstrated how children can make a difference. The main outcomes of the conference were a statement to political leaders and commitments from the children and youths on their actions following the conference with regard to the "Seal the Deal" campaign rallies, regional action plans and a newly constituted youth advisory council.

III. Progress in the four major goal areas

A. Promoting healthy lives

29. Progress continues in reducing mortality for children under the age of 5, but it is not yet sufficient to achieve Millennium Development Goal 4. In 1990, an estimated 12.5 million children died before their fifth birthday. By 2008, this figure had been reduced to 8.8 million, the lowest number on record. Moreover, the rate of decline in under-five mortality increased to an average annual rate of 2.3 per cent for 2000-2008, compared with 1.4 per cent for 1990-2000. However, reducing neonatal mortality has been far less successful than that for children aged more than one month.

30. Much of the progress in reducing child mortality is attributable to increased scale-up of specific interventions: measles immunization, distribution of insecticide-treated mosquito nets and vitamin A supplementation. Improvements in coverage were, in turn, driven by a strategy of integrated campaigns, such as supplementary immunization activities (24 countries in 2008) or child health days and weeks (34 countries in 2008). Trends in coverage of immunization continue to be positive: global immunization rates for three doses of combined diphtheria/pertussis/tetanus vaccine are at their highest level ever (82 per cent in 2008). However, coverage of curative services, especially for pneumonia, diarrhoea and malaria, continues to be low. Further acceleration will require strengthening of health services and strategies to increase access, including extending services to the community level.

31. Data available in 2009 indicate that 63 countries were on track towards achieving Millennium Development Goal 1 target 1C of a 50 per cent reduction, between 1990 and 2015, in underweight prevalence among children under the age of 5. This compares with only 46 countries on track just three years ago, based on trend data from 1990 to 2004. Stunting affects approximately 195 million children under the age of 5 in the developing world. Since 1990, stunting prevalence in the developing world has declined from 40 per cent to 29 per cent. A number of countries have decreased stunting rates significantly, including Bangladesh, Eritrea, Mauritania and Viet Nam, underscoring that marked improvements can be achieved. Children in rural areas are more likely to be underweight than urban children and the gap between the richest households and the poorest remains substantial in all regions. In southern Asia, for example, 60 per cent of children in the poorest areas are underweight, compared to 25 per cent of children in the richest households.

32. There has been mixed progress on Millennium Development Goal 5 to reduce by three quarters the maternal mortality ratio between 1990 and 2015. Each year, hundreds of thousands of women die from pregnancy-related causes; almost all these maternal deaths occur in the developing world, with the vast majority concentrated in sub-Saharan Africa and southern Asia. The risks are highest for both the mother and the child when pregnancy occurs at a very young age. In 2007, adolescents aged 15 to 19 years had an estimated 14 million births. Encouragingly, in southern Asia, the adolescent birth rate (for girls and women aged 15 to 19 years) declined from 89 per 1,000 live births in 1990 to 53 per 1,000 live births in 2007. However, in sub-Saharan Africa, available data indicate that there has been no significant progress: 124 per 1,000 live births in 1990, compared to 121 per 1,000 live births in 2007.

33. Maternal health is another area in which the gap between the rich and the poor is conspicuous. While almost all births are attended by skilled health personnel in the developed countries, only 38 per cent of women receive such care when giving birth in the least developed countries. Disparities in access to care during pregnancy are also striking in developing countries, with women in the richest households nearly twice as likely as the poorest women to visit a skilled health worker at least once before giving birth.

34. Since the 1990s, the proportion of pregnant women in developing regions who had at least one antenatal care visit increased from around 64 per cent to 80 per cent. Although there has been a general increase in the presence of skilled birth attendants at delivery in all developing regions, the percentage of births attended by skilled birth attendants is still very low in sub-Saharan Africa (46 per cent) and in

southern Asia (42 per cent). The ability of women to choose when and how many children they will have is an important aspect that will affect maternal morbidity and mortality. During 2008, modern contraceptive use prevented 188 million unintended pregnancies, 1.2 million newborn deaths and 230,000 maternal deaths. Although there has been a modest increase in contraceptive use in many developing countries since 2000, the proportion of demand for birth spacing or limiting that is being met by use of contraception is closely linked to household wealth and location. Among the wealthiest quintiles, this proportion of demand satisfied is rarely under 80 per cent. Among the poorest quintile, less than a quarter of the demand is met.

35. The continued lack of progress in reducing maternal mortality can be traced to a number of factors: continued high fertility in some areas; limited use of contraception; too many adolescent pregnancies; inadequate prenatal and postnatal care visits; too few deliveries attended by skilled birth attendants; lack of emergency obstetric care facilities; inadequate maternal nutrition; malaria; and HIV in pregnancy. As noted by the Secretary-General in a recent report,[8] a policy that is animated by the right to health is likely to be equitable, inclusive, non-discriminatory, participatory and evidence-based. In the context of maternal mortality policies, these features help to empower women and ensure that policies are likely to be sustainable, robust and effective.

36. Vitamin A supplementation coverage continued to be high among the least developed countries, with 88 per cent of children fully covered with two doses in 2008. The coverage more than doubled in the least developed countries, rising from 41 per cent in 2000 to 88 per cent in 2008, and it is expected that this trend has continued in 2009. There has also been progress in the area of elimination of iodine deficiency disorder; in 2008, 72 per cent of households in developing countries were consuming iodized salt.

37. Progress in the area of infant and young child feeding has been modest. In the developing world as a whole, the exclusive breastfeeding rate has increased only slightly, from 33 per cent in 1995 to 37 per cent in 2008. However, some 16 countries, through a combination of sound policies, legislative enforcement and community-based support, have shown significant increases of at least 20 percentage points in the past 10 to 15 years.

38. The food and financial crises have provided an opportunity to highlight nutrition in the global policy discourse. Nutrition security is increasingly part of the dialogue on food security, livelihoods, social protection and the move to increase investments in agriculture. There is greater alignment between the key United Nations agencies engaged in nutrition; the United Nations Standing Committee on Nutrition is being strengthened and several major donors have been reviewing and revising their nutrition strategies and are dedicating resources to that sector.

39. The 2010 update on progress on sanitation and drinking water confirms that many regions are moving towards greater access to safe drinking water. As of 2008, some 87 per cent of the world population had access to safe drinking water supply.

[8] In the 2006 report, "The right of everyone to the enjoyment of the highest attainable standard of physical and mental health", the Secretary-General transmits to the General Assembly the report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/61/338).

Still, huge disparities between regions, countries and rural and urban areas remain. Progress in this sector must therefore be viewed in this context, recognizing that equity concerns are significant. In all regions, progress in increasing coverage was made primarily in rural areas. Drinking-water coverage in urban areas of the developing world, which stood at 94 per cent in 2008, has remained almost unchanged since 1990. Meanwhile, globally, four out of five people who are still without access to an improved drinking water source live in rural areas. Nearly 1.5 million children die every year due to diarrhoea, which could be prevented through good water supply, sanitation and hygiene.

40. The world is badly off track in reaching the sanitation target of Millennium Development Goal 7. Between 1990 and 2008, the proportion of people without improved sanitation decreased by only 7 percentage points. In 2008, some 48 per cent of the population in developing regions was without basic sanitation. Disparities between rural and urban areas remain daunting worldwide, with only 40 per cent of rural populations covered. While 77 per cent of the population in the richest 20 per cent of households use improved sanitation facilities, the share is only 16 per cent of those in the poorest households in sub-Saharan Africa. To meet target 3 of Millennium Development Goal 7, an average of 218 million people per year will need to begin using improved sanitation facilities. Substantial coordinated global efforts are needed to ensure that the sector is given the priority and support needed. Among sanitation practices, the one that poses the greatest threat to human health and child survival is open defecation.

41. Sanitation and Water for All: A Global Framework for Action, launched in September 2008, is an alliance of national Governments, donors, civil society organizations and other development partners working together to address water and sanitation needs by increasing political will and improving aid effectiveness through mobilization and better targeting of resources for water supply and sanitation. The initiative seeks to align donors behind the regional and national priorities set by developing countries and to ensure that aid is delivered more effectively. Both the performance of donors and of developing countries will be monitored and reported on regularly, thus creating a mutual and transparent accountability framework.

42. Overall progress in young child development is constrained by insufficient knowledge of care for young children (and sometimes lead to poor care-giving practices); limited access to health and other services for young children; fragmented policies that often do not address the needs of young children holistically; and insufficient budget allocations. Comprehensive programming for young children that includes early stimulation and psychosocial care is very limited. The preliminary analysis of Multiple Indicator Cluster Survey 3 data on early childhood development and family care practices showed that more than 88 per cent of parents are using violent methods in disciplining their children; less than 30 per cent of babies are exclusively breastfed; less than 50 per cent of mothers or caregivers are engaged in early learning activities with young children; and the home environment is supportive of early learning in less than 50 per cent of families.

B. Providing quality education

43. The evidence described in the present report is clear: despite the central role that women and children play in development, progress has been slowest on the Millennium Development Goals relating to their health. In order to address this imbalance, the Secretary-General spearheaded a global effort for women's and children's health, bringing together all key players form Governments, civil society and the corporate sector to craft a plan to push for the achievement of Goals 4 and 5. The resulting Global Strategy for Women's and Children's Health outlines the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery, calling on all concerned parties to join forces and coordinate action to maximize the impact of interventions on the ground.

44. Some 69 million children of primary school age were still out of school in 2008, despite a reduction by 37 million since 1999. Of these, some 53 per cent were girls. Almost half of these children (31 million) live in sub-Saharan Africa and more than a quarter (18 million) in southern Asia. Gross enrolments in post-primary education are low; an estimated 185 million children of secondary school age worldwide are missing out on secondary education and an estimated 127 million of these children were still attending primary schools, occupying places that could otherwise accommodate children of primary school age currently out of school. Household cost-barriers at the primary and secondary levels continue to be significant.

45. While global pre-primary gross enrolment rates have grown, from 33 per cent in 1999 to 41 per cent in 2007, coverage of pre-primary education remains low. Furthermore, a majority of countries are not taking the necessary policy measures to support the provision of care to children below the age of three. The percentage of households reached by parenting or equivalent family or community care programmes remains also low.

46. In developing regions overall, girls in the poorest 20 per cent of households are three and a half times more likely to be out of school than girls in the richest households and four times more likely to be out of school than boys from the richest households. In countries close to achieving universal primary education, children with disabilities are the majority of those excluded.

47. Despite progress on gender equity, there are still substantial gaps. Inequalities, disparities and multiple forms of exclusion, related to poverty, conflict, natural disaster, urban/rural disparities, displacement, gender, disability, HIV/AIDS, ethnicity, religion, and caste, are persistent and often hidden in many countries. These disparities are dramatically magnified at the secondary level.

48. The number of countries affected by crises and natural disasters is on the increase, and these emergencies continue to have severe psychosocial impacts on children, together with deprivation of access to education and deepened exclusion. Some 65 per cent of children who are out of school live in 33 conflict-affected countries. In the next decade, up to 175 million children are likely to be affected every year by natural disasters resulting from climate change. An increasingly large number of programmes focus on older out-of-school children as a means to respond to the needs of those who are no longer eligible for primary schooling. The number of countries that have national education plans that include measures to reduce gender and other disparities has increased rapidly, from 74 in 2005 to 110 in 2008.

49. The impact of the global economic crisis on education is of major concern. Although it is too early to make substantive and extensive assessments on the education consequences of the present crisis, there already are signs of vulnerability in many locations: stressed education budgets, increases in school fees (leading to drops in enrolment), withdrawal of children from school (accompanied by increased child labour), rising food insecurity and malnutrition, and exacerbation of disparities. Rapid urbanization is increasingly found with worsening conditions in urban slums, negatively affecting school access (more than in rural areas) and accelerating rates of violence affecting children and young people.

50. Child-friendly schools and similar models continue to be implemented by countries as a way of addressing the challenge of increasing quality in education. By the end of 2008, an estimated 61 countries had adopted child-friendly schools quality standards, up from 43 countries in 2005. Through the child-friendly schools approach, interventions in safe water supply and sanitation were particularly effective in increasing school enrolment and attendance. Child-friendly schools quality standards are expected to mitigate dropout rates for girls, as poor sanitation facilities, including the lack of facilities for menstrual hygiene, particularly affect girls, causing many to drop out of school.

51. Significant progress is also being achieved in education in emergencies and post-crisis situations. A major thrust has been to emphasize the quality of education while responding to emergencies with a simultaneous focus on scaling-up actions for restoring education. This included interventions to restore learning, including innovations in emergency education supply management, and the development and use of improved education emergency supply packages. Improving quality in crisis-affected contexts was addressed through the application of the child-friendly schools approach, life-skills programmes and safer child-friendly schools designs in reconstruction programmes.

52. Non-formal accelerated learning programmes have been used to address educational needs among over-age learners. Initiatives to strengthen decentralized and community-based models of service delivery have also been developed and expanded, such as home-based schooling and community-based school programmes. Progress was also achieved in strengthening emergency preparedness in the education sector, drawing on broader-based partnerships, including the country-level education clusters. Risk reduction strategies are an area of emphasis in a growing number of regions and countries, including conflict risk reduction, through peace education programmes, and natural disaster risk reduction.

C. Protecting against abuse, exploitation and violence

53. Positive trends that contribute to strengthening child protection systems were evident in the past year. More countries have begun to map and assess their child protection systems, in order to identify where these need further support. There was also increased recognition that all types of social protection, regardless of target populations, need to be child-sensitive. There was a marked trend towards capacity-building and accreditation of social workers, as well as a shift towards a more comprehensive approach to family support and alternative care of children, including the development of integrated service packages. The approval of the United Nations Guidelines for the Alternative Care of Children without Parental

Care[9] gave extra impetus to develop standards of care and provide technical recommendations to improve care in a number of countries. There has also been a marked shift from traditional "juvenile justice" approaches to justice for all children, which includes not only children in conflict with the law, but also child victims and witnesses of crimes.

54. Improving birth registration continues to be a challenge. UNICEF and other partners, such as the organization Plan International, have encouraged the integration of birth registration into health services; at the same time, innovative methods, such as mobile birth registration, have expanded services to vulnerable populations.

55. The institutionalization of children with disabilities is still a major challenge, but progress has been made, particularly in Central and Eastern Europe and the Commonwealth of Independent States, in systematically integrating across sectors the improved protection of children with disabilities.

56. The follow-up to the United Nations study on violence against children (A/61/299) gained further momentum with the appointment in 2009 of the Special Representative of the Secretary-General on violence against children. Partially in response to global advocacy, an additional six countries ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, bringing the total number of signatories to 137. In addition to revised legal and policy frameworks, the institutional response to violence and sexual exploitation was also strengthened at the country level through intersectoral coordination, capacity-building of professionals and providing support to child victims and witnesses of violence, sexual exploitation and abuse. Work to address armed violence was strengthened through the finalization of an agreement for an inter-agency armed violence prevention programme, which will promote the integration of armed violence prevention and reduction into development frameworks at global and local levels.

57. In September 2009, several United Nations system organizations, the United States Centers for Disease Control and Prevention and the private sector launched a major global initiative on preventing sexual violence against girls. It supports the undertaking of national population-based studies on sexual violence, as well as programmatic interventions and advocacy. The campaign will galvanize the two-pillared approach of strengthening systems and supporting social change in favour of children's rights. While the focus is on addressing sexual violence against girls, this provides an opportunity for a broader approach to preventing and responding to violence against girls and boys alike. The adoption in 2009 of Security Council resolution 1888 (2009) on sexual violence in armed conflict is another milestone in efforts to create a protective environment and end sexual violence.

58. While 2008 marked the beginning of progress towards addressing certain harmful social practices in a number of countries, the past year constituted a phase of acceleration and expansion, including for the Joint Programme on Female Genital Mutilation/Cutting set up in 2007 by the United Nations Population Fund and UNICEF, as well as the application of a social norms perspective to child marriage,

[9] The Guidelines on Alternative Care of Children without Parental Care were adopted by the General Assembly on 20 November 2009, marking the twentieth anniversary of the adoption of the Convention on the Rights of the Child.

child labour, child discipline and other child protection violations. Significant work was done in 2009 to foster partnerships with the private sector to promote social change for improved child protection. This involved work with corporate partners (a) on child labour, particularly in the agricultural sector; and (b) on combating the sexual exploitation of children in travel and tourism and violence against children in sport.

59. The application of a systems approach in emergencies was further strengthened through partnerships with social welfare ministries and social workers on child protection, helping them in capacity-building efforts, as well as through upgrading of the Inter-Agency Child Protection Information Management System. This will also be an important tool for reinforcing child protection systems in transition and long-term development contexts through support to case management and a continuity of care for children. In addition to strengthening child protection systems in emergencies, progress in 2009 continued to address urgent protection issues, including child disarmament, demobilization and reintegration, separated and unaccompanied children, psychosocial support, gender-based violence and mine action.

60. A major milestone for child protection in emergencies was the approval in 2009 of Security Council resolution 1882 (2009), which expanded the trigger for listing of parties in the annexes to the annual reports of the Secretary-General on children and armed conflict, to include those parties to armed conflict that engage in patterns of killing and maiming of children or rape and other sexual violence against children in situations of armed conflict. This strengthens international efforts to end impunity against those committing grave violations against children in contravention of applicable international law. The monitoring and reporting mechanism established under Security Council resolutions 1612 (2005) and 1882 (2009) offers opportunities to enhance coordination, advance accurate and reliable information-gathering for better situation analysis, enhance accountability of perpetrators and implement more effective advocacy and programmatic activities for children and women. Discussions are under way to seek synergies of efforts between Security Council resolutions 1882 (2009) and 1888 (2009).

61. The available evidence on child protection issues continued to increase in 2009 through Multiple Indicator Cluster Surveys, demographic and health surveys and other household surveys, gender analysis of key child protection issues, inclusion of child protection data in national reports to the Committee on the Rights of the Child and in national statistics, support to child protection information management systems and specialized databases, and evaluations and studies related to child protection. In 2009, UNICEF published *Progress for Children: A Report Card on Child Protection*, the first comprehensive resource on child protection statistics.

D. Combating HIV/AIDS

62. Worldwide, the number of people newly infected with HIV peaked in 1996 at 3.5 million and has since declined to 2.7 million in 2008, while the number of deaths due to AIDS peaked at 2.2 million in 2004 and declined to 2 million in 2008. Still, HIV remains globally the leading cause of death for women of reproductive age.

63. Achieving universal access to antiretroviral treatment will not be possible unless HIV testing and counselling rates increase sharply. With an increased focus on providing HIV testing and counselling in health services and increased use of rapid testing technologies, there has been a sharp increase in the number of people tested for HIV. In 39 low-income and middle-income countries, for example, the total reported number of HIV tests more than doubled between 2007 and 2008. In 66 low-income and middle-income countries, the reported number of HIV testing and counselling sites increased by approximately 35 per cent, from 25,000 in 2007 to 33,600 in 2008. Encouragingly, the number of women receiving antiretroviral drugs for prevention of mother-to-child transmission of HIV more than quadrupled, from 10 per cent in 2004 to 45 per cent in 2008. However, only 21 per cent of pregnant women received HIV testing and counselling, and only one third of those identified as HIV-positive during antenatal care were subsequently assessed for their eligibility to receive antiretroviral therapy for their own health. Successful rapid scale-up of services for the prevention of mother-to-child transmission of HIV in Botswana, Namibia and Swaziland has led to more than 90 per cent of women already receiving antiretroviral prophylaxis for preventing mother-to-child transmission of HIV. Globally, adult women are slightly advantaged, compared with adult men, in accessing antiretroviral therapy; sustained access beyond childbirth, however, requires further attention.

64. These victories on the road to combating HIV/AIDS also saw some uphill struggles and challenges. Some 70 per cent of people in need of antiretroviral treatment did not have access to treatment and only 30 per cent of young males and 19 per cent of young females in developing countries have accurate and comprehensive knowledge of HIV. Comprehensive male and female condom programming, an essential prevention strategy, has gained momentum in recent years. However, coverage levels remain low. Little attention has been given, in both prevention and treatment contact, to assessing the fertility desires (voluntary decisions to space or limit births) of persons living with HIV. Tragically, an estimated 17.5 million children under the age of 18 had lost one or both parents to AIDS by 2008. The vast majority of these children (14.1 million) live in sub-Saharan Africa. In resource-limited settings where access to antiretroviral treatment remains a problem, lack of nutritional care or inadequate access to safe water and sanitation can contribute to increased mortality of affected individuals.

65. Even though the pattern of HIV transmission varies across regions, in all countries it is strongly linked to gender, sexual behaviour and discrimination. These factors make women and girls, in particular from food-insecure families, more vulnerable to the virus and its impacts. In sub-Saharan Africa, women account for approximately 60 per cent of all estimated HIV infections, and young women and girls remain disproportionately affected by HIV. This is a major concern in emergency contexts, where gender-based violence, risky sexual behaviours and poor access to services and information are common. Despite the existence of effective interventions for HIV prevention, the inadequate tailoring of interventions to epidemic type, the low coverage of interventions and ongoing barriers, in many countries, to accessing services by the populations most at risk have led to a limited impact. For example, less than 10 per cent of injecting drug users and less than 30 per cent of men who have sex with men in low-income and middle-income countries are able to access HIV services.

66. While the recent economic crisis raised concerns about how assistance for women and girls will be sustained and expanded, it also encouraged countries to be more efficient in integrating programmes and support for the systems underpinning them. Over the next biennium, the International Health Partnership will continue to offer significant opportunities for strengthening HIV/AIDS responses and better combining them with efforts to achieve wider health outcomes. The engagement in the International Health Partnership by HIV actors will enable them to better define the health systems requirements for a further HIV/AIDS scale-up, be they related to health system performance, health-sector funding, community and stakeholder participation or coordination with other critical sectors, such as social welfare, education, labour, food security or justice. The joint health systems funding platform of the World Bank, the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria will potentially harmonize and rationalize funding for HIV/AIDS prevention and health-systems strengthening. It will be essential that the specific and unmet needs of children, young people, girls and women are kept central to such initiatives.

67. The key objective now is to break the trajectory of the AIDS epidemic by ensuring adequate focus on HIV prevention. There is compelling evidence of the cost-effectiveness of prevention. Judicious invesiment, however, requires better analysis of the effectiveness of programmes designed to change behaviour offered through schools, health and social services, mass media and the community. Available data provides a guide, but there has been as yet little measurement of programme impact. Scaling up support for children affected by HIV/AIDS will remain a priority for 2010-2011 and beyond. A number of partners have increasingly shown interest in supporting social protection approaches that are both child-sensitive and HIV/AIDS-sensitive.

68. During the period 2008-2009, progress was the strongest in prevention of mother-to-child transmission of HIV, paediatric treatment and children affected by HIV/AIDS. The challenge in the near future is to maintain this momentum within the above-mentioned programmatic areas and scale up the work on prevention of HIV transmission among young people and adolescents.

IV. The way forward

69. The existence of persistent, significant and, in some cases, widening inequalities in outcomes for children suggests the need to adopt strategies, policies and programmes that will achieve accelerated progress with a specific focus on the most vulnerable, underserved children and the poorest communities. Because the needs are greatest among the most vulnerable children, the returns in children's lives saved and enriched can be great in reaching these groups. It would be strategically short-sighted to leave the most challenging areas for later.

70. There is growing evidence that equity-focused strategies, such as community-based treatment of the main childhood illnesses; community-led total sanitation; "reaching every district" to bolster health services for children; user-fee abolition for primary schools; and cash transfers for children affected by HIV/AIDS, can be effective. This knowledge and the growing body of evidence on interventions that work needs to be put into action for those children and families who remain most in need.